ENTRY BLANK
PLEASE TYPE OR PRINT   Entered previous May Show
Ms.  Mr. Artist BEATRICE MITCHELL  (Last Name Last)
Permanent 3659 BAINBRIDGE RD, CUEVE Address Street City
44/18 Tel. 216 932 -7157 Zip Area Code
Temporary Address
Tel. ( ) —
Zip Area Code
Permanent address is in what county?
Born in Cuyahoga County 🗹 Yes 🗆 No
Collaborator(If Any)
If entries are not accepted or not sold:  Artist will pick up entries at Museum.  Museum should dispose of entries.  Museum should ship entries to artist C.O.D. at this address:

The attached card at right will be returned to you as notification of acceptance or rejection by the last week in April.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed.

It is also understood that accepted entries will remain on exhibition until June 9, 1974.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Signature Beatrice Nutchell

ENTRY BLANKS							
☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography ☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts							
Medium or Material	s						
ACRYLIC ON PAPER							
RELIEF IN GREY AND WHITE							
Price or NFS Insurance Value			Size				
\$675.00	OO If NFS Only		743/8"x30" x 8/2"				
GRAPHICS AND PHOTOGRAPHY ONLY							
Additional No. For Sale Total No. in Edition		Price of Frame					
DO NOT WE	RITEII	N THIS SECTION	AC	CEPTED	REJECTED		
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☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography ☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts							
Medium or Material	s						
Title							
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Price or NFS Insurance Value If NFS Only			Size				
		S Only					
GRAPHICS AND PHOTOGRAPHY ONLY							
Additional No. For Sale Total No. in Edition		Price of Frame					
DO NOT WRITE IN TH		N THIS SECTION	AC	CEPTED	REJECTED		
				CEIVED			

1974 MAY SHOW

The Cleveland Museum of Art Cleveland, Ohio 44106

Please keep address within this box for window envelope.

Name	BEATRICE MITCHELL
	3659 BAINBRIDGE ROAD
	CLEYELAND OHIO Zip 44118

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

ACCEPTANCE OR REJECTION NOTICE .						
This is your only receipt to claim your objective will be mailed to you following judging.  DO  6-13-74		<i>ک</i>				
1  □ 1. Paintings □ 2. Graph □ 4. Sculpture □ 5. Electric						
Medium or Materials						
ACRYLIC ON PAPER						
RELIEF INGREY	AND WH	ITE				
DO NOT WRITE IN THIS SECTION	ACCEPTED	REJECTED				
180-(1)	X					
DO NOT DETACH						
2 □ 1. Paintings □ 2. Graphics □ 3. Photography □ 4. Sculpture □ 5. Electric □ 6. Crafts						
Medium or Materials						
Title						
DO NOT WRITE IN THIS SECTION	ACCEPTED	REJECTED				